STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Malamaimua Care Home LLC	CHAPTER 100.1
Address: 47-508 Haanopu Way, Kaneohe, Hawaii 96744	Inspection Date: October 9, 2020 Initial

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT WITHOUT YOUR RESPONSE.

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	FINDINGS Primary care giver (PCG) & substitute care giver (SCG) #1 - No documentation of an examination by a physician. Submit a copy for each with the plan of correction (POC).	evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.	(a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented	RULES (CRITERIA)
- SCG # 1 is no longer employee	-PCC is on beaux, unable to submit the copy of PE. Upon his return substitute PCC/spcg/pon his return of PCC. PE.	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	PART 1 DID YOU CORRECT THE DEFICIENCY?	PLAN OF CORRECTION
		7.28.21		Completion Date

appointment expiration the document SPC & obtain PC. To dea	FINDINGS Primary care giver (PCG) & substitute care giver (SCG) #1 - SPCC No documentation of an examination by a physician. Submit a copy for each with the plan of correction (POC). QE, T.	(a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. VSE THI	RULES (CRITERIA)
appointment 3 months prior expiration to make sure all the documents are ownerst. SPC & obtain a copy of all PC. To clearant & FA/CPR.	-SPCC will check all the SCC PE, TB clearence, FA/CPR for any up coming experiations, and admise SCC to make an	FART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	PLAN OF CORRECTION
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		evidence of an initial and annual tuberculosis clearance. FINDINGS PCG & SCG #1 - No documentation of current tuberculosis (TB) clearances. Submit copies for each with the POC.	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented	RULES (CRITERIA)
by the case home.	a copy of TB clearence. Upon return SPCG will submit a copy of PCG's TO clearence. - SCG# is no brager employee	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	PART 1 DID YOU CORRECT THE DEFICIENCY?	PLAN OF CORRECTION
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	FINDINGS PCG & SCG #1 - No documentation of current tuberculosis (TB) clearances. Submit copies for each with the POC.	(b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.	RULES (CRITERIA) 811-100 1-9 Personnel staffing and family requirements
- SPCC will check all the SCC. TO clearence for any upcoming expuration morthly and admice SCCC to make an appointment one current. SPCCC will obtain a copy of all TO clearence.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	FUTURE PLAN	PLAN OF CORRECTION PART 2
	7. 28.21		Completion Date

3 #1 - No documentation of first aid Submit a copy for each with the POC.	Be currently certified in first aid;	The substitute care giver who provides coverage for a period less than four hours shall:	\times \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	RULES (CRITERIA)
- PCC is on leave, unable to submide a copy of this Aid certificate. Upon his return SPCC will authorise a copy of PCG's First Aid certification. SCG # is no brigger employee of the case home.	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	DID YOU CORRECT THE DEFICIENCY?	PART 1	PLAN OF CORRECTION
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§11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; PINDINGS PCG & SCG #1 - No documentation of first aid certification. Submit a copy for each with the POC.	RULES (CRITERIA)
EUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? SPCC will check all the SCC Tirst And Certification, for any upcoming expectation and admic SCC to nake an appointment of another punion experience to nake and the document and the document and amend and the document and admic and the document and document	PLAN OF CORRECTION
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	of the core home.		
	- SCG# is no longer employee		
	continuation.		
	Upon his return SPCC until		
	the copy of CPR certifications.	certification. Submit a copy for each with the POC.	
	-PCC is on bave wable to outsind		
7.28.21	CORRECTED THE DEFICIENCY	Be currently certified in cardiopulmonary resuscitation;	
	DID YOU CORRECT THE DEFICIENCY?	The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:	
	PART 1	§11-100.1-9 Personnel, staffing and family requirements. (f)(1)	X
Date		(Carabana)	
Completion	PLAN OF CORRECTION	RULES (CRITERIA)	

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\boxtimes	§11-100.1-9 Personnel, staffing and family requirements.	PART 2	
	The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements	FUTURE PLAN	
	Be currently certified in cardiopulmonary resuscitation;	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	7. 28. 21
	PCG & SCG #1 - No cardiopulmonary resuscitation certification. Submit a copy for each with the POC.	- SPCG will check all the SCC	
		CFR certification monthly for any	
		abcoming expirations and admise	
		I months prior expiration to	
		nate aure all the documents	
		are annead. SPC6 much	
		obtain a copy of CPR certifications.	Ÿ

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	FINDINGS No first aid kit.	§11-100.1-12 Emergency care of residents and disaster preparedness. (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.	RULES (CRITERIA)
ACC promoted new finst and lit and place in a recover	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	PART I DID YOU CORRECT THE DEFICIENCY?	PLAN OF CORRECTION
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preparedness. (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH. FINDINGS No first aid kit. USI PLA	§11-100.1-12 Emergency care of residents and disaster	RULES (CRITERIA)
USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? During monthly Smoke Debedor? Checker SPCG will wednest First that she had sometime sweething is whack and complete overy-thing is whack and complete on the the laid.	PART 2	PLAN OF CORRECTION
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21 MR 30 P1 23	STATE OF HAWA!! DOH-OHUSA STATE LICENSING			FINDINGS No refrigerator thermometer.	thermometer and temperature shall be maintained at 45°F or lower.	\(\) \(\) \(\)	
			PCG placed un degital Humanitar	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	DID YOU CORRECT THE DEFICIENCY?	PART 1	PLAN OF CORRECTION
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thermometer each time that they spen the reprigerator. SPCC unll childenthe reprigerator thermometer and chade the thermostat darly.	No refrigerator thermometer. PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? SPCG will train and rewind all the SCG to check the check that reprinces	4 Food sanitation. (c) s shall be equipped with an appropriate and temperature shall be maintained at 45°F or	
refrigerator	ENSURE THAT FAIN? T. 28. 21		Date

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	FINDINGS No metal stem thermometer.	§11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.	RULES (CRITERIA)
Ach thumanisher and placed at the witcher drawer.	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	PART 1 DID YOU CORRECT THE DEFICIENCY?	PLAN OF CORRECTION
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			No metal stem thermometer. P	A metal stem thermometer shall be available for checking cold and hot food temperatures.	RULES (CRITERIA)
5MI	place in kntehen drawer by shorthy and will notify at substitute and will ab substitute and will able to substitute and will also substitute and will al	We tal stem thermometer will be	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	FUTURE PLAN	PLAN OF CORRECTION
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Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies. FINDINGS Four (4) gallons of lemon scented bleach were unsecured in a kitchen cabinet.	§11-100.1-14 Food sanitation. (f)	RULES (CRITERIA)
DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY PC & placed the 4 gollon of bleach on a cernied place with both.	PART 1	PLAN OF CORRECTION
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		FINDINGS Four (4) gallons of lemon scented bleach were unsecured in a kitchen cabinet.	§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.	RULES (CRITERIA)
STATE LICENSING DOH-OHCA	cleaning agents like bleach will be secured in breked all cabinet under the sink at all check and ensure that all check and ensure that all cabinets with to xic chemicals are breked and secured.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	FUTURE PLAN	PLAN OF CORRECTION
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	§11-100.1-15 Medications. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container. FINDINGS "Cherifer Forte syrup" was unsecured in the refrigerator.	RULES (CRITERIA)
	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY - Unsecured medication found in the representation was observed.	PLAN OF CORRECTION
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~ \$:	- SPI	bod		to -	- SPA	for	1 Q	FINDINGS "Cherifer Forte syrup" was unsecured in the refrigerator.		security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked	temperature, light, moisture, ventilation, segregation, and	§11-100.1-15 Medications. (b) Drups shall be stored under proper conditions of sanitation.		
in the bodied container at want daily.	SPCC mill check that all the reprigerated medicalians are	locked.	medication are secured and	keep all the reducerated	SPCG retrain and remarded SCC	for refrigerated medications.	a bothed container was punchased	IT DOESN'T HAPPEN AGAIN?	PLAN: WHAT WILL YOU DO TO ENSURE THAT		FUTURE PLAN	PART 2		
						7. 28.21							Date	Corrections

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		FINDINGS Trash bin obstructed the second exit to the area of refuge.	There shall be a clear and unobstructed access to a safe area of refuge;	Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to the following provisions:	§11-100.1-23 Physical environment (g)(3)(B)	RULES (CRITERIA)
	to the refuse area.	PCC removed trash bin that	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	DID YOU CORRECT THE DEFICIENCY?	PART 1	PLAN OF CORRECTION
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	apter trach puck - up.	
	parthways especially prior to or	
	the exit pathways.	
	trash bins are enthus designated	
,	- SPCG ustructed the SCG that the	FINDINGS Trash bin obstructed the second exit to the area of refuge.
ر د الا . ها	PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	There shall be a clear and unobstructed access to a safe area of refuge;
	FUTURE PLAN TO EVEL A IN VOID FIRME	Type I ARCHs shall be in compliance with, but not limited to, the following provisions:
	PART 2	\(\) \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
Completion Date	PLAN OF CORRECTION	RULES (CRITERIA)

two	FINDINGS Bedroom #3 & #4 ceiling fan wobbly when turned on.	§11-100.1-23 Physical environment. (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers. DID	RULES (CRITERIA)
- The certing pans was absolved so the wall swin-fly carrot turn it on.	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	PART 1 DID YOU CORRECT THE DEFICIENCY?	PLAN OF CORRECTION
			Completion Date

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a 7 8 2 6 ±	Bedroom #3 & #4 ceiling fan wobbly when turned on.	§11-100.1-23 Physical environment. (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.	RULES (CRITERIA)
equipments in the facility and daily rounds and SCE to rounds and PCE immediately for any differential sparants.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	FUTURE PLAN	PLAN OF CORRECTION
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EINDINGS Bedroom #5 pliable plastic pillow protector was stained with reddish streaks. Pallo w profec	All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety; USE THIS SPACE CORRECTED	\$11-100.1-23 Physical environment. (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers. DID YOU CORRE	RULES (CKITERIA)
- All residents pullous hous a phable ?.		PART 1 DID YOU CORRECT THE DEFICIENCY?	RECTION
7. 36.2			Date Date

EINDINGS Bedroom #5 pliable plastic pillow protector was stained with reddish streaks. ARA WHAT ARA ARA ARA ARA ARA ARA ARA	All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety; USE	§11-100.1-23 Physical environment. (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.	RULES (CRITERIA)
ARCH will purchased an individual pullous for residents. Their names until be noted on the pullow upon admission and discharged. The pullow will be added to the resident until be added to the resident inventory.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	PART 2 <u>FUTURE PLAN</u>	PLAN OF CORRECTION
7. 9%.21			Completion Date

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	FINDINGS Bedroom #4 closet used to store PCG's clothes.	Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;	General conditions:	§11-100.1-23 Physical environment (o)(1)(D) Bedrooms:	RULES (CRITERIA)
# 4 daved.	· >	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	DID YOU CORRECT THE DEFICIENCY?	PART 1	PLAN OF CORRECTION
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	FINDINGS Bedroom #4	Bedrooms storage, ba libraries;	General conditions	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
	FINDINGS Bedroom #4 closet used to store PCG's clothes.	Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;	nditions:	23 Physical environment. (o)(1)(D)	RULES (CRITERIA)
unped (ped) reindeste chaeth dunny reind and will red be used as stonged, and shall be made aminable for residents belonging only		USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	FUTURE PLAN	PART 2	PLAN OF CORRECTION
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	§11-100.1-23 <u>P</u> Bedrooms:	Bedroom furnishings:	Each bed shall I cover, a pillow, and an upper an substituted for ti	FINDINGS Bedroom #4 - One (1) of two (2) pliable plastic pillow protector.
RULES (CRITERIA)	Physical environment. (o)(3)(B)	hings:	Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;	FINDINGS Bedroom #4 - One (1) of two (2) pillows did not have a pliable plastic pillow protector.
PLAN OF CORRECTION	PART 1	DID YOU CORRECT THE DEFICIENCY?	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	- All residents pullous has a phable pullow protectors.
Completion Date				

Bedroom furnishings: Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident; FINDINGS Bedroom #4 - One (1) of two (2) pillows did not have a pliable plastic pillow protector.	§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:	RULES (CRITERIA)
USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? - ARCH will purchased as redividual pullows poor residents. Their names until be noted on the pullow upon admission and discard on the time of their discharged. The pullion will be added to the residents invertory.	PART 2	PLAN OF CORRECTION
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Licensee's/Administrator's Signature: Licensee's/Administrator's Signature: Licensee's/Administrator's Signature: Licensee's/Administrator's Signature: Print Name: GENESSIS PANTONIO (Substitute Primory) Print Name: GENESSIS ANTONIO Print Name: FRANKUN VALIENTE Print Name: FRANKLIN VANIENTE Date: Date: Date: scoc 18/61 7,00,21 How (Substitute PCG)